# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	N GUIDE explains how to complete (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR FIRST MI	OFFICE USE ONLY
NAME	MRS. Sheri A.  NICKNAME LAST SUFFIX	Date Received
	CAPEHART	05 ×
4 CANDIDATE/ OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE # C:TY: STATE; ZIP CODE	
MAILING ADDRESS	4417 GARDEN DRIVE, ARLINGTON, TX	Date Hand-delivered or Date Rostmarked
Change of Address	AREA CODE PHONE NUMBER EXTENSION	
5 CANDIDATE/ OFFICEHOLDER PHONE	(817) 572-0421	Receipt # Amount S
6 CAMPAIGN	MS/MRS/MR FIRST MI	Date Processed
TREASURER NAME	NICKNAME LAST SUFFIX	Date Imaged
	ENNIS ESQ.	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE: AFT SUITE # CITY; STATE; 2414A FOREST BROCK LANE, ARLINGT	TON, TX 76006
(Residence or business)  8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
TREASURER PHONE	(817) 858-3019	
9 REPORTTYPE	January 15 30th a≘y perfore election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day perfore election Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 7 / 14	/ <b>0</b> \$
11 ELECTION	ELECTION DATE  Month  Day  Year  S  Prmary  Runoff	General Special
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if know	
	ARLINGTON CITY COUNCIL DISTRICT & ARLINGTON CITY	Council District 2
14 NOTICE OF DIRECT CAMPAIGN	•• Direct campaign expenditures are campaign expenditures made by others without the can Candidates are required to disclose this information only if they receive notification of the direction	didate's prior consent or approval. ct campaign expenditure. ••
EXPENDITURE BY OTHER INDIVIDUALS	Name	
	Address / PO Box; Apt. / Sure #; City: State: Zip Code	
additional pages		
	GO TO PAGE 2	

### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

### FORM C/OH COVER SHEET PG 2

1-800-325-8506

15 C/OH NAME	Sheri	A. CAPEHART	6ACCOUNT # (Ethics Commission filers)
17 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidates if they receive notice of such expenditures.	e / officeholder. <i>These expenditures</i> s and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME NONE	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. ȚOTAL	POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 1,214.35
OUTSTANDING LOAN TOTALS	1	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 89,968.14
19 AFFIDAVIT			
		I swear, or affirm, under penalty of pe	rjury, that the accompanying report
		is true and correct and includes all info	
Transcensor of the same of the	, 	nie under tide te, ziedaen edee.	. /
	KAREN S. B. Notary Pu		$\wedge$ $\backslash$
	STATE OF T	EXAS B	\ \ \ \ \
E OF T	My Comm. Exp. 0	Signature of Candida	ate or Officeholder
AFFIX NOTARY STAM	P / SEAL ABOVE	· · · · · · · · · · · · · · · · · · ·	
Sworn to and subscri	<u> </u>		this the 15th day
of July .2	$\frac{0}{5}$ , to cer	tify which, witness my hand and seal of office.  A KAREN S. Baylar N	othru Dwblic
Signature of officer ac	Iministering oath	Printed name of officer administering oath Title	of officer administering oath

Printed on recycled paper

	POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS				SCHEDULE A
	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche	dule A:
2	FILER NAME	Sheri A. CAPEHART	_	3 ACCOUNT # (Eth	ics Commission filers)
4	Date	5 Full name of contributorout-of-state PAC (ID#: None 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	estructions)	
	Date	Full name of contributor out-of-state PAC (ID#:  Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	estructions)	
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution classification (if applicable)
	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	l nstructions)	
	Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	If contr	ATTACH ADDITIONAL COPIE			ing requirements.

PLEDGE	ED CONTRIBUTIONS			schedule B	
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Sche	dule B: 1	
FILER NAM	Sheri A. Capehar	Γ'	3 ACCOUNT # (Eth	ics Commission filers)	
тот	AL OF UNITEMIZED PLEDGES:	<del>+</del> + + + + +		\$ NONE	
Date	6 Full name of pledgorout-of-state PAC (ID#:		8 Amount of pledge (\$)	9 In-kind description (if applicable)	
Principal occu	pation / Job title (See Instructions)	11 Employer (See Inst	tructions)		
Date	Full name of pledgorout-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)	
Principal occu	pation / Job title (See Instructions)	Employer (See Inst	tructions)		
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	tructions)		
Date ,	Full name of pledgor out-of-state PAC (ID#:		Amount of pledge (\$)	In-kind description (if applicable)	
Principal occu	upation / Job title (See Instructions)	Employer (See Ins	tructions)		
Date	Full name of pledgor out-of-state PAC (ID#:  Pledgor address; City; State; Zip Code		Amount of pledge (\$)	In-kind description (if applicable)	
	·				

LOANS				SCHEDULE <b>E</b>
The Instruction Guit	DE explains how to complete this form.		1 Total pages Sche	dule E:
2 FILER NAME	Sheri A. Capeh	ART	3 ACCOUNT # (Eth	nics Commission filers)
тота	L OF UNITEMIZED LOANS:	<del>+</del> + + + + + + + + + + + + + + + + + +	⇒ ⇔	* NOHE
5 Date of loan	Noxic	out-of-state PAC (ID#:		9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code		10 Interest rate
Y N				11 Maturity date
12 Principal occupatio	n / Job title (See Instructions)	13 Employer (See Ins	structions)	
14 Description of Collate	eral			
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City; State;	Zip Code		
19 Principal Occupation		20 Employer		
Date of loan	Name of lender	out-of-state PAC (ID#:		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code		Interest rate
Y N				Maturity date
Principal occupatio	n / Job title (See Instructions)	Employer (See Instructi	ons)	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Description of Collat	eral	Lagrang and great and artists are strong to the control of the con		
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code		
Principal Occupation	<u></u>	Employer		
If lender is	ATTACH ADDITIONAL COP			equirements.

1-800-325-8506

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME Sheri A. CAPEH	ART  3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name  NONE  6 Payee address; City; State; Zip Code	7 Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Date Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH      Candidate / Officeholder name Office sought Office held
Date Payee name	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH      Candidate / Officeholder name Office sought Office held
Date Payee name	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)  ATTACH ADDITIONAL COPIL	Complete if direct expenditure to benefit C/OH

#### P.O. Box 12070 **POLITICAL EXPENDITURES** SCHEDULE G MADE FROM PERSONAL FUNDS 1 Total pages Schedule G: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Sheri A. CAPEHART 5 Payee name NONE 8 Amount Date (\$) 6 Payee address: City; State; Zip Code Reimbursement 7 Purpose of expenditure (See instructions regarding type of information required.) from political contributions intended Amount Payee name Date (\$) City; State; Zip Code Payee address; Reimbursement Purpose of expenditure (See instructions regarding type of information required.) from political contributions intended Amount Date Pavee name (\$) City; State; Zip Code Payee address; Reimbursement from political Purpose of expenditure (See instructions regarding type of information required.) contributions intended Amount Payee name Date (\$) City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended Amount Date Payee name (\$) Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended

Austin, Texas 78711-2070

	NT FROM POLITICAL CONT JSINESS OF C/OH	RIBUTIONS		SCHEDULE <b>H</b>
The Instruction	GUIDE explains how to complete this form.		1 Total pages Sched	lule H:
2 FILER NAME	Sheri A. Capeha	RT	3 ACCOUNT # (Ethic	cs Commission filers)
<b>4</b> Date	5 Business name  NDNE  6 Business address; City; State; Zip Code			7 Amount (\$)
Purpose of payr required.)	ment (See instructions regarding type of information	9 · · Complete Candidate / Officeho	e if direct expenditure to	o benefit C/OH ••  Office sought Office held
Date	Business name  Business address; City; State; Zip Code			Amount (\$)
Purpose of payr required.)	ment (See instructions regarding type of information	•• Complet Candidate / Officeho	e if direct expenditure to	o benefit C/OH •• Office sought Office held
Date	Business name  Business address; City; State; Zip Code			Amount (\$)
Purpose of payr required.)	I ment (See instructions regarding type of information	•• Complet Candidate / Officeho	e if direct expenditure to	o benefit C/OH ••  Office sought Office held
Date	Business name  Business address; City; State; Zip Code			Amount (\$)
Purpose of payr required.)	l ment (See instructions regarding type of information	•• Complet Candidate / Officeho	e if direct expenditure to	o benefit C/OH ••  Office sought Office held
<u> </u>	ATTACH ADDITIONAL COPIE	S OF THIS FORM	AS NEEDED	

P.O. Box 12070 Austin, Texas 78711-2070

## **NON-POLITICAL EXPENDITURES**

SCHEDULE !

1-800-325-8506

The Instruction	N GUIDE explains how to complete this form.	1 Total pages Schedule I:
FILER NAME	Sheri A. Capehart	3 ACCOUNT # (Ethics Commission filers)
Date	5 Payee name  NONE  6 Payee address; City; State; Zip Code	8 Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of infor	mation required.)
Date	Payee name	Amount (\$)
	Purpose of expenditure (See instructions regarding type of infor	mation required.)
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of infor	mation required.)
Date	Payee name	Amount
Date	Payee address; City; State; Zip Code	(\$)
,	Purpose of expenditure (See instructions regarding type of info	mation required.)
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of info	rmation required.)

### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	on Guide explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI A	OFFICE USE ONLY
NAME	MRS. Sheri	SUFFIX	Date Received
	Capehan	Q'T'	05
4 CANDIDATE / OFFICEHOLDER MAILING		CITY; STATE; ZIP CODE	JA A
ADDRESS  Change of Address	4417 GARDEN DRIVE, A	7600 L	Date Hand-delivered or Date Postmarked CO
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	7
OFFICEHOLDER PHONE	(817) 572-0421		Receipt # Amount
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI 1	Date Processed
NAME	NICKNAME RUDOLPI	SUFFIX	Date Imaged
	Ennis	ESQ.	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SU 2414A FOREST BROOK		TX 76006
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 858-3019	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	on Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election	n Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THRO	DUGH Month Day	/ 05
11 ELECTION	ELECTION DATE  Month  Day  Year  S  / 15  OH  Primary		General Special
12 OFFICE	OFFICE HELD (If any) ARLINGTON CITY COUNCIL DIST	PICT 2 ARLINGTON CITY	
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures are required to disclose this information		
EXPENDITURE BY OTHER INDIVIDUALS	Name		
	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
additional pages			
	<b>GO</b> TO	PAGE 2	

### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		Sheri A. CAPEHART 16ACC	COUNT # (Ethics Commission filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	tice of political expenditures by political committees to support the candidate / office without the candidate's or officeholder's knowledge or consent. Candidates and of they receive notice of such expenditures.	
COMMITTEE(O)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	COMMITTEE ADDRESS	
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	0.00
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	0.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	0.00
	4. TOTAI	L POLITICAL EXPENDITURES	Ø,00
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	1,214.35
OUTSTANDING LOAN TOTALS	1	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE DAY OF THE REPORTING PERIOD	\$ 89,968.14
19 AFFIDAVIT	Notary F STATE OF My Gomm Exp	TEXAS 12/31/2007	ation required to be reported by
Consumant			s the day
of Sumary.  Signature of officer:	Willia	ertify which, witness my hand and seal of office.  Waren Williams  Printed name of officer administering oath  Title of o	ofary officer administering oath

	POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS			SCHEDULE A		
	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche	dule A:	
2	Sheri A. Capi		Ehart 3 ACCOUNT # (E		thics Commission filers)	
4	Date	5 Full name of contributorout-of-state PAC (ID#: Note: 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	I	
	Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	estructions)		
	If contr	ATTACH ADDITIONAL COPIE			ing requirements.	

The Instruct	ION GUIDE explains how to complete this form.	1 Total pages Sc	hedule B:
FILER NAM	Sheri A. Cap	ENART 3 ACCOUNT#(	Ethics Commission filers)
TO	TAL OF UNITEMIZED PLEDGES:	t) t) t) t)	\$ NONE
Date	6 Full name of pledgor out-of-state PAC (ID#:	pledge (\$)	9 In-kind description (if applicable)
Principal occ	upation / Job title (See Instructions)	11 Employer (See Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	Amount of pledge (\$)	In-kind description (if applicable)
	Pledgor address; City; State; Zip Code		   
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	_L
Date	Full name of pledgor	Amount of pledge (\$)	In-kind description (if applicable)
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of pledgorout-of-state PAC (ID#:  Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occ	rupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:	) Amount of pledge (\$)	In-kind description (if applicable)
Principal occ	cupation / Job title (See Instructions)	Employer (See Instructions)	

LOANS				SCHEDULE <b>E</b>
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E:	
2 FILER NAME	Sheri A. CA	APEHART	3 ACCOUNT # (Eth	ics Commission filers)
TOTA	L OF UNITEMIZED LOANS:	t) t) t) t)	\$\ \$	\$ MONE
5 Date of loan 7 Name of lender  Out-of-state PAC (ID#:			9 Loan Amount (\$)  4 16, 268.14  10 Interest rate	
Y (2)	4417 GARDEN DRIVE, A	ARLINGTON, TX	76001	NONE  11 Maturity date  UPON DEMAND
12 Principal occupation / Job title (See Instructions)  RETIRE  13 Employer (See Instructions)  14 Description of Collateral				
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
17 Guarantor address; City; State; Zip Code				
19 Principal Occupation		20 Employer		
Date of loan	Name of lender	Out-of-state PAC (ID#:	)	Loan Amount (\$)
Is lender a financial Institution?	Lender address: City; State;	Zip Code		Interest rate
Y N				Maturity date
Principal occupatio	n / Job title (See Instructions)	Employer (See Instruct	ions)	
Description of Collateral  none				
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; State;	Zip Code		
Principal Occupation		Employer		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED  If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.				

1-800-325-8506

Austin, Texas 78711-2070

POLITICAL EXPENDITURES SCHEDULE F			
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:		
2 FILER NAME Sheri A. C	3 ACCOUNT # (Ethics Commission filers)		
4 Date 5 Payee name  NONE  6 Payee address; City; State; Zip Code	7 Amount (\$)		
Purpose of payment (See instructions regarding type of information required.)	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held		
Date Payee name Payee address; City; State; Zip Code	Amount (\$)		
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH      Candidate / Officeholder name Office sought Office held		
Date Payee name Payee address; City; State; Zip Code	Amount (\$)		
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH      Candidate / Officeholder name Office sought Office held		
Date Payee name	Amount (\$)		
Purpose of payment (See instructions regarding type of information required.)	Complete if direct expenditure to benefit C/OH      Candidate / Officeholder name		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

	ICAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE <b>G</b>
The Instruct	ION GUIDE explains how to complete this form.	1 Total pages Schedule	G: 1
2 FILER NAM	Sheri A. Capehart 3 ACCOUNT # (Ethics Commission filers)		
4 Date	5 Payee name	8	Amount (\$)
	7 Purpose of expenditure (See instructions regarding type of information re	quired.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information re	equired.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information re	equired.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
,	Purpose of expenditure (See instructions regarding type of information in	required.)	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information r	required.)	Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM	AS NEEDED	

PAYMENT FROM POLITICAL CONTRIBUTIONS SCHEDULE H TO A BUSINESS OF C/OH					
	The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche	edule H:
2	FILER NAME	Sheri A. CAR	EHART	3 ACCOUNT# (Eth	nics Commission filers)
4	Date	5 Business name  None  Business address; City; State; Zip Code			7 Amount (\$)
8	Purpose of payi required.)	ment (See instructions regarding type of information	9 •• Complete Candidate / Officeho	e if direct expenditure Ider name	to benefit C/OH •• Office sought Office held
	Date	Business name  Business address; City; State; Zip Code			Amount (\$)
	Purpose of payi required.)	ment (See instructions regarding type of information	•• Complete Candidate / Officeho	e if direct expenditure Ider name	to benefit C/OH •• Office sought Office held
	Date	Business name			Amount (\$)
	Purpose of pay required.)	I ment (See instructions regarding type of information	•• Complet Candidate / Officeho	e if direct expenditure older name	to benefit C/OH •• Office sought Office held
	Date	Business name  Business address; City; State; Zip Code			Amount (\$)
	Purpose of pay required.)	ment (See instructions regarding type of information	•• Complet Candidate / Officeho	e if direct expenditure older name	to benefit C/OH •• Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					

### **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

1-800-325-8506

The Instruction	GUIDE explains how to complete this form.	1 Total pages Schedule I:	
2 FILER NAMI	Sheri A. Capehart	3 ACCOUNT # (Ethics Commission filers)	
4 Date			
	7 Purpose of expenditure (See instructions regarding type of information re	equired.)	
Date	Date Payee name		
	Purpose of expenditure (See instructions regarding type of information r	equired.)	
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information regar	Amount (\$)	
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information regar	Amount (\$)	
Date	Payee name  Payee address; City; State; Zip Code  Purpose of expenditure (See instructions regarding type of information regar	Amount (\$)	
	ATTACH ADDITIONAL COPIES OF THIS FORM	M AS NEEDED	